



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 109th CONGRESS, FIRST SESSION

Vol. 151

WASHINGTON, TUESDAY, NOVEMBER 1, 2005

No. 142

House of Representatives

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Mr. PORTER).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
November 1, 2005.

I hereby appoint the Honorable JON C. PORTER to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

MORNING HOUR DEBATES

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2005, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member, except the majority leader, the minority leader, or the minority whip, limited to not to exceed 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

AVIAN FLU: PROTECT AMERICANS

Mr. STEARNS. Mr. Speaker, the prospect of an avian flu pandemic has mobilized government officials and health care professionals across the United States. Every year there is a new outbreak of flu strains, with potentially serious consequences for the elderly, children and people with compromised immune systems. In his address this morning, President Bush accurately differentiated between traditional flu viruses and the avian flu. This specific flu strain, H5N1, is par-

ticularly virulent, with a 50 percent mortality rate once contracted. To date, 110 people have been infected, and 60 deaths have been attributed to this flu. The virus has been tracked from Mongolia and Siberia, through the Ukraine and Croatia to Turkey. Avian flu has spread to 16 countries. There is not yet an avian pandemic in the United States, but as we live in an ever-shrinking world with all our travel, we must be prepared for its unwelcome arrival.

In this week's edition of Newsweek, Dr. Margaret Chan, head of preparedness for the World Health Organization, states, "Key factors to combating a global pandemic are early detection, quarantines, availability of vaccines and antiviral drugs, and the state of hospital readiness to treat those infected."

I would like to focus on one of these key factors in particular, the availability of this medication. On May 4 of this year in the Oversight and Investigation Subcommittee where I serve, hearings were held on the current state of preparedness for the upcoming flu season. In those hearings, health officials testified that manufacturing of flu vaccines is an annual process beginning in February with the World Health Organization and the Centers for Disease Control publishing their predictions of flu strains that are most likely to spread that winter. Manufacturing vaccines is a lengthy and complex process that leaves little margin for error. The possibility of contamination of these biologically grown vaccines is great, and, as we saw with the vaccine producer Chiron in 2003, could potentially render entire productions worthless. Fear of liability compounds the short supply of vaccines. In the 1960s, the U.S. had more than 26 vaccine producers in this country. Today only five companies remain. Currently, we rely upon one vaccine producer to make the annual flu cocktails as well

as eight other common childhood vaccinations such as measles, mumps, diphtheria and meningitis. Lawsuits make production unprofitable and risky, pushing producers away from vaccines and towards the more lucrative industry of antiviral medications. This raises concern among health experts about resurgence of formerly eradicated diseases if vaccine shortages continue. Congress should consider offering companies incentives to enter the vaccine industry and, of course, limiting the liability burden. These were included in President Bush's avian flu strategy this morning. The President has asked Congress to remove the litigation burden on vaccine manufacturers and fund development of new cell culture techniques. These techniques reduce the time lag between identification of a new pandemic threat and development of a vaccine. Avian flu is the current threat to our Nation's health, but we can be assured it will not be the last. Therefore, increasing our vaccine capacity is necessary to our national security.

There are two antiviral medications available that are believed to treat avian flu, Tamiflu and Relenex. Tamiflu is the more widely recommended medication, and our government is currently building stockpiles of this medication in anticipation of possible outbreaks in this country. However, there is a danger of many individuals building personal Tamiflu stockpiles. The Washington Post reported that 1.7 million prescriptions for Tamiflu were filled in the United States in just the first 8 months of 2005, which is three times more than last year. Personal stockpiles pose a twofold risk. The first is that private consumers reduce the already limited supply of the drug, causing the government to have to compete to fulfill its supply goals, and cause a shortage of supply for public health care providers. The second threat is from individuals

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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